

Application for Winter Water Table Review (WWTR)

Submit 3 application sets with required fee (\$420.00)

Approximate
Site Address:
Record I.D. Number
ON

Department Use Only

ATTACH A DETAILED ROUTE/ DIRECTION MAP
FOR LOCATING THE PROPERTY.

Name and address of property owner

Applicant
Name
 Last First
Street Address
City-Zip Code
 Phone

Designer

Street Address
City-Zip Code
 Phone

E-mail address

Fax

THIS IS NOT A SITE DESIGN APPLICATION OR APPLICATION FOR PERMIT**PROPERTY INFORMATION:**Legal Description Attached ☐Parcel # (APN) Section: Township: Range: Subdivision Name: Lot: Block: Property Size Sq. ft. Acreage: Rural Area ☐ Urban Area ☐Sensitive Area: ☐ (Y?N) If yes, specify ☐ (L,W,O) L = Landslide W = Wetlands O = Other

Reason(s) for Requesting a WWTR

- ☐ Soil morphology indicates suspected high water table
- ☐ Previously identified high water tables
- ☐ Determination of suitability base on system type proposed, soil depth required =
- ☐ Mitigation Measure(s) used to lower water table to acceptable levels
- ☐ Other:

SOILS INFORMATIONDate(s) Soils Logged ☐ Soil Log Profile Data Attached: (Min. 2/lot)Critical Soil Depth to Water table or Restrictive Layer: Inches**MONITORING PLAN**Total Number of Monitoring ports installed Number of Crest Gauges Installed Number of post holes Planned Monitoring Frequency Monitoring period will be from to

Name(s) and Locations of local rain source station(s)

Identify who will be collecting water table data:

I understand that failure to comply with the Code of King County Board of Health Title 13 may result in non acceptance of the proposed application.

Designer's
Signature:Certification # or PE
License NumberDate: **FOR HEALTH DEPARTMENT USE ONLY:**

The Monitoring Plan is

☐ Satisfactory☐ Unsatisfactory

REVIEWED BY:

 Date

Comments:

Winter Water Table Print Date 10/17/00

RECEIVED